



Fee (\$) Fee (\$) Each claim over 20 (including Reissues) Each independent claims Fee (\$) Fee (\$) Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$)	Under the Peneguety Reduced	tion Act of 1005	no person are required to		and Trader	roved for use through mark Office; U.S. DEP	7/31/2006. OM PARTMENT OF	COMMERCE	
Post pursuant to the consolidation Approximation Act 2009 (P.R. 4818) Filing Date September 17, 2003 Filing Date September 12, 2004 Filing Date		······································							
FEE TRANS MITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (8) 910.00 Attorney Dooket No. TGW-0202 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number. 18-0013 Deposit Account Name. Rader, Fishman & Grauer PLLC For the above-identified deposit account, the Director is hereby authorized to (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayment of Charge fee(s) indicated below, except for the filling fee Small Entity Application Type Fee (3) Fee (4) Fee (4		Application Num							
FOR FY 2005 Symmetry Name Hirroya Kirimura Examiner Name M. G. Arrancibia	FFF TRA			September 17,	eptember 17, 2003				
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 910.00 Attorney Docket No. TGW-0202 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 18-0013 Deposit Account Name. Rader, Fishman & Grauer PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) F				Hiroya Kirimura	liroya Kirimura				
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Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 18-0013 Deposit Account Name Rader, Fishman & Grauer PLLC	TOTAL AMOUNT OF PAYE	Attorney Docket No.		TGW-0202	GW-0202				
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Design 200 100 100 50 130 65	Application Type	Fee (\$)			Fee (\$)		Fees Pai	id (\$)	
Plant	Utility	300	150 500	250	200	100			
Reissue 300 150 500 250 600 300	Design	200	100 100	50	130	65			
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Name (Print/Type) David T. Nikaido Date January 6, 2006	SUBMITTED BY								
	Signature all	Se					(202) 955-	3750	
						Date	January 6,	2006	